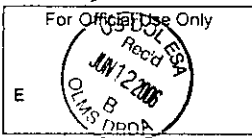


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>02746</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>05</u> Through: <u>12</u> / <u>31</u> / <u>05</u>
3. Name and address of person filing. Name <u>LEONARD DICOSIMO</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2200 CARNEGIE AVENUE</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44115</u>	3. Name, file number, and address of labor organization. Name <u>CLEVELAND FEDERATION OF MUSICIANS</u> Labor Organization File Number <u>030-803</u> P.O. Box, Building and Room Number, if any _____ Street <u>2200 CARNEGIE AVENUE</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44115</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name <u>BUDAPEST BLOND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>6901 ROCKSIDE ROAD</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44131</u>	7.a. Nature of Interest, Transaction, or Income. <u>OWNS 50% OF COMMON STOCK (500 SHARES) OF BUSINESS WHICH CONTRACTS WITH UNION MUSICIANS</u> 7.b. Amount. <u>\$50,000</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Leonard Dicosimo</u>	On <u>6/5/06</u> Date <u>216) 771 51802</u> Telephone Number

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - _____	2. Fiscal Year Covered From: _____ / _____ / _____ Through: _____ / _____ / _____
3. Name and address of person filing. Name _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	3. Name, file number, and address of labor organization. Name _____ Labor Organization File Number _____ P.O. Box, Building and Room Number, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____
5. Position in labor organization. _____	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

3. Name and address of Employer (including trade name, if any). Name <u>BUDAPEST BLOND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>6901 ROCKSIDE ROAD</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44131</u>	7.a. Nature of Interest, Transaction, or Income. <u>PERSONAL CAR PAYMENTS</u> 7.b. Amount. <u>\$3,387</u>
---	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Donald J. Gino

On

6/5/06

Date

216) 771-1802

Telephone Number

Name of Person Filing LEONARD DICOSIMO

File Number U- 02746

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SCHWARZWALD & MCNAIR, LLP

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any PENTON MEDIA BLDGStreet 1300 EAST NINTH STREETCity CLEVELANDState OHIO ZIP Code + 4 44114

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☒

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MUSICAL ARTS ASSOCIATIONTrade Name, if any: CLEVELAND ORCHESTRAP.O. Box, Bldg., Room No., if any SEVERANCE HALLStreet 11001 EUCLID AVENUECity CLEVELANDState OHIO ZIP Code + 4 44106

11.a. Nature of such dealing.

ORGANIZATION REPRESENTS THE LABOR UNION IN
COLLECTIVE BARGAINING NEGOTIATIONS.

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

OMAHA STEAKS

12.b. Amount

80

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment. _____